



**ARKANSAS STATE BOARD**  
**OF ARCHITECTS, LANDSCAPE ARCHITECTS, AND INTERIOR DESIGNERS**

900 West Capitol  
Suite 400  
Little Rock, AR 72201  
Main (501) 682-3171

www.asbalaid.arkansas.gov  
asbalaid@arkansas.gov

**REGISTERED INTERIOR DESIGNER INITIAL APPLICATION FOR LICENSURE**  
**Form B**

Applicant Name:

*I have submitted an application to become a Registered Interior Designer in the state of Arkansas. Please complete this letter of reference and return it to me sealed in an envelope. As this reference is to used only in the evaluation of my application, it will remain confidential.*

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Date**

**INSTRUCTIONS:** *Please comment on the applicant. Attach additional sheets if necessary.*

Scope of Services  
or Responsibilities

Employment Start Date:  End Date:

Ethics and  
Business  
Practices

**PLEASE RETURN THE COMPLETED FORM TO THE APPLICANT. YOUR SIGNATURE ACROSS THE SEAL OF THE ENVELOPE WILL ENSURE YOUR CONFIDENTIALITY.**

Supervisor Name:  Your Position/Title:

Business Name:  Daytime Phone: (  )-  -

Address:

City:  State:  Zip Code:

\_\_\_\_\_  
**Signature of Supervisor**

\_\_\_\_\_  
**Date**